

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> US DOL ESA Rec'd APR 2 - 2001 B OLMS DPOA </div> </div>	1. FILE NUMBER <div style="font-size: 1.2em; font-family: monospace;">506-961</div>	2. PERIOD COVERED <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MO DAY YEAR </div> From <div style="font-size: 1.2em; font-family: monospace;">01 01 2000</div> Through <div style="font-size: 1.2em; font-family: monospace;">12 31 2000</div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">IMPORTANT</div> <div style="display: flex; justify-content: space-between;"> <div> ISAAC MONROE HOTEL EMPL., RESTAURANT EMPL AFL-CIO LU 43 SUITE 201 1130 S WABASH AVE CHICAGO, IL 60605 </div> <div style="text-align: right;"> (2) 506-961 310 12/2000 </div> </div>		4. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____	
4. AFFILIATION OR ORGANIZATION NAME _____		6. DESIGNATION NUMBER _____	
5. DESIGNATION (Local, Lodge, etc.) _____	6. DESIGNATION NUMBER _____		
7. UNIT NAME (if any) _____		State _____ ZIP Code + 4 _____	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	<div style="margin-bottom: 10px;"> 14 International Union Audit was performed in April 2000. </div> <div> 16 Isaac R. Monroe, Secretary-Treasurer of the Dining Car Employees Union Local 43, Chicago, IL, is also an employee of the Hotel Employees & Restaurant Employees International Union located in Washington, D.C. </div>		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: _____ <div style="display: flex; justify-content: space-between;"> 03 129 101 (312) 427-4373 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Telephone Number </div>	PRESIDENT (If other title, see instructions.)	77. SIGNED: _____ <div style="display: flex; justify-content: space-between;"> 03 129 101 (312) 427-4373 ext 114 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Telephone Number </div>	TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 728
19. What is the date of your organization's next regular election of officers? MO YEAR
04 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 400,000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>44.00</u> per <u>month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>100.00</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per _____ <small>(Month, Year, etc.)</small>

- | | Yes | No |
|---|-----|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			44441	31746
	26. Accounts Receivable			0	0
	27. Loans Receivable	1		0	0
	28. U.S. Treasury Securities			0	0
	29. Investments	2		0	0
	30. Fixed Assets	5		25562	25635
	31. Other Assets	3		0	0
	32. TOTAL ASSETS			70003	57381
LIABILITIES	33. Accounts Payable			0	0
	34. Loans Payable	8		81000	69000
	35. Mortgages Payable			0	0
	36. Other Liabilities	4		0	15000
	37. TOTAL LIABILITIES			81000	84000
	38. NET ASSETS (Item 32 less Item 37)			(10997)	(26619)

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			360159	56. To Officers	9		88954
40. Per Capita Tax			0	57. To Employees	10		2720
41. Fees			0	58. Per Capita Tax			66737
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		61400
44. Work Permits			0	61. Educational & Publicity Expense ...			385
45. Sale of Supplies			0	62. Professional Fees			11688
46. Interest			0	63. Benefits	11		17409
47. Dividends			0	64. Contributions, Gifts & Grants	12		3086
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			31913
50. Loans Obtained	8		0	67. Withholding Taxes			37591
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		9178
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		12000
54. Other Receipts	14		10529	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		40322
55. TOTAL RECEIPTS			370688	74. TOTAL DISBURSEMENTS			383383

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 506-961

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

- NONE -

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (A) </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 69 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 51 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 75 with Explanation </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS - NONE -

(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 506-961

SCHEDULE 3 — OTHER ASSETS - NONE -

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. ESTIMATED PER CAPITA OWED	15,000
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	15000
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 506-961

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment & COMPUTER EQUIPMENT	87,799	62,164	25,635	25,635
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	87,799	62,164	25,635	25,635
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

- NONE -

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 506-961

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE & EQUIPMENT	612	612	612
2. COMPUTER EQUIPMENT	8,566	8,566	8,566
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		9178
Enter the Total from Line 8 in [↑] Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. HERE International Union	81,000	0	12,000	0	69,000
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	81000	0	12000	0	69000
Enter the Totals from Line 6 in [↑] Item 34 Column (C) [↑] Item 50 [↑] Item 70 [↑] Item 75 with Explanation [↑] Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506-961

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. BOYD DONALD Title GEN CHAIRMAN Status C		16015	0	0	0	16015
2. BATEMAN DWAYNE Title VICE GEN CHAIRMAN Status C		11113	0	1101	0	12214
3. JENKINS SAMUEL Title PRESIDENT Status C		3700	0	0	0	3700
4. OLIVER DONNA Title VICE PRESIDENT Status N		0	0	50	0	50
5. MONROE ISAAC Title SECRETARY-TREAS Status C		54329	0	11481	0	65810
6. WILLIAMS REGGIE Title REPRESENTATIVE Status C		6316	0	44	0	6360
7. HARRIS ROGER Title REPRESENTATIVE Status C		5636	0	1217	0	6853
8. Totals from additional pages (if any)		12,693	0	1,836	0	14,529
9. Totals of Lines 1 through 8		109,802	0	15,729	0	125,531
				10. Less Deductions		36577
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements		88954

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 506-961

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
3. Last Name First Name Position Name of Affiliated Organization					
4. Last Name First Name Position Name of Affiliated Organization					
5. Last Name First Name Position Name of Affiliated Organization					
6. Totals from additional pages <small>(if any)</small>					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3,734	0	0	0	3,734
8. Totals of Lines 1 through 7	3,734	0	0	0	3,734
Enter the Total from Line 10 in..... Item 57 =>			9. Less Deductions 1014		
			10. Net Disbursements 2720		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 506-961

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE	UNITED HEALTH CARE & MET LIFE	17,409
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		17409
Enter the Total from Line 6		↑ Item 63


**SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. GIFTS, Donations, FLOWERS	3,086
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3086
Enter the Total from Line 8 in ↑ Item 64	


**SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. RENT & ELECTRIC	13,147
2. TELEPHONE	31,782
3. OFFICE SUPPLIES & EXPENSES & POSTAGE	7,360
4. INSURANCE	847
5. REPAIRS & MAINTENANCE	7,567
6. COMPUTER EXPENSES	697
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	61400
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Reimbursements, REFUNDS, VOIDED CHECKS	10,529
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	10 529
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ELECTION EXPENSES	1,923
2. BANK CHARGES	2
3. TRANSPORTATION EXPS & PARKING	19,957
4. DUES REFUNDED	11,986
5. MEETINGS & CONFERENCES	6,454
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	40 322
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
HOTEL EMPL RESTAURANT EMPL AFL-CIO LU 43

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 506-961

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: ANDREWS First Name: ZACHARY Title: REPRESENTATIVE Status: C		5399	0	402	0	5801
Last Name: MIMS First Name: TYREE Title: REPRESENTATIVE Status: C		7294	0	434	0	7728
Last Name: ALLEN First Name: HIAWATH Title: TRUSTEE Status: C		0	0	50	0	50
Last Name: SHELTON First Name: STEPHEN Title: TRUSTEE Status: N		0	0	300	0	300
Last Name: VARGAS First Name: RUTH Title: TRUSTEE Status: N		0	0	350	0	350
Last Name: MACKAY First Name: RAYMOND Title: TRUSTEE Status: C		0	0	300	0	300
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Totals		12,693	0	1,836	0	14,529

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Last Name <small>First Name</small>						
Title	Status					
Totals						